

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | F.T      | 926    | 03-27-01 |
| RESPONSE FORMALITY REVIEW | A.M      | 50 520 | 04-22-01 |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date |
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| Final    |      |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy

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